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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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ction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known **Application Number** 10/661,656 Filing Date 09/12/03 First Named Inventor Tavares Art Unit 1714 **Examiner Name** Attorney Docket Number 4588-00002B

U. S. PATENT DOCUMENTS							
Examiner Initials*	Cite No. ¹	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where		
		Number-Kind Code ^{2 (f shown)}	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevan Figures Appear		
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